

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. William Boyer
Automated Circuit Technology
1325 West Green Lake Drive
West Bend, Indiana 53090

EPRA-05-2009-0033

2. Article Number
(Transfer from service label)

7001 0320 0006 0189 9132

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) William L. Boyer B. Date of Delivery 10/7/09

C. Signature

X [Signature]

- ☐ Agent
☒ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?
If YES, enter delivery address below:

OCT 09 2009

REGIONAL HEARING CLERK

3. Service Type

- ☒ Certified Mail ☒ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-01-M-1424